

<b>Case Number:</b>	CM15-0056018		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 07/07/2010. She has reported subsequent neck, low back and lower extremity pain and was diagnosed with cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement and chronic pain. Treatment to date has included oral pain medication and yoga. In a progress note dated 01/21/2015, the injured worker complained of neck, low back and lower extremity pain. Objective findings were notable for tenderness to palpation of the cervical and lumbar paraspinal muscles. The physician noted that Gabapentin was providing 50% relief of neuropathic pain. A request for authorization of Naproxen-Sodium and Gabapentin refills was made.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Naproxen-Sodium 550mg, two (2) times per day as needed, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 07/07/10 and presents with low back pain which radiates to the left lower extremity and neck pain which radiates to the bilateral upper extremities and shoulders. The request is for NAPROXEN-SODIUM 550 MG, 2 TIMES PER DAY AS NEEDED #120. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 10/29/14. MTUS Guidelines on anti-inflammatory page 22 states, anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The patient has tenderness to palpation of the cervical and lumbar paraspinal muscles. She is diagnosed with cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement, and chronic pain. On 10/29/14, the patient rated her pain as a 2/10 with medications and a 6/10 without medications. The 12/24/14 report states that she reports benefit with Gabapentin and Naproxen and states the medication is well tolerated. On 01/21/15, the patient rated her pain as a 1/10 with medications and a 4/10 without medications. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the patient benefits from Naproxen. Therefore, the requested Naproxen IS medically necessary.

**Gabapentin 600mg 1/2-1 tablet, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic (a.k.a. anticonvulsants) drugs for pain medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient was injured on 07/07/10 and presents with low back pain which radiates to the left lower extremity and neck pain which radiates to the bilateral upper extremities and shoulders. The request is for GABAPENTIN 600 MG 1/2-1 TABLET #180. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is not working. The patient has been taking this medication as early as 10/29/14. Regarding antiepileptic (a.k.a. anticonvulsants) drugs for pain, MTUS Guidelines recommend for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The patient has tenderness to palpation of the cervical and lumbar paraspinal muscles. She is diagnosed with cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement, and chronic pain. On 10/29/14, the patient rated her pain as a 2/10 with medications and a 6/10 without medications. The 12/24/14 report states that she reports benefit with Gabapentin and Naproxen and states the medication is well tolerated. On 01/21/15, the patient rated her pain as a 1/10 with medications and a 4/10 without medications. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the patient benefits from Gabapentin. Therefore, the requested Gabapentin IS medically necessary.

